



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Albert Chin et al.

Art Unit: 3736

Serial No.: 10/083,926

Examiner:

Filed Title

: February 27, 2002 : MEDICAL DEVICE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Copies of the references listed on the attached form PTO-1449 are enclosed. A copy of a communication from a foreign patent office in a counterpart application is also enclosed.

This statement is being filed before the receipt of a first Office action on the merits.

Please apply any charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

Date: July 30, 2003

Reg. No. 42,934

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Substitute form PTO-1449 (Modified B)

(37 CFR §1.98(b))

U.S. Department of Commerce Patent and Trademark Office Attorney's Docket No. 10527-395001

Application No. 10/083,926

Information Disclosure Statement by Applicant (Use several sheets if necessary)

Albert Chin et al.

Filing Date

Applicant

February 27, 2002

Group Art Unit 3736

U.S. Patent Documents							
Examiner Initial	Desig. ID	Document Number	Publication Date	Patentee	Class	Subclass	Filing Date If Appropriate
	AA	5,93,014	12/02/97	Abele et al.			
	AB	5,336,234	08/09/94	Vigil et al.		,	
	AC						
	AD						
	AE			RECE	IVE		
	AF			AUG 0 4			
	AG						
	AH			TECHNOLOGY C	ENTER RO	700	
	AI						
	AJ						
	AK						

Foreign Patent Documents or Published Foreign Patent Applications								
Examiner	Desig.	Document	Publication	Country or			Translation	
Initial	ID	Number	Date	Patent Office	Class	Subclass	Yes	No
	AL	EP 0 737 488 A4	10/16/96	EPO				
	AM	EP 0 565 799 A1	11/30/92	EPO				
	AN	EP 0 565 796 A1	10/22/92	ЕРО				
	AO							
	AP							

Other Documents (include Author, Title, Date, and Place of Publication)				
Examiner Initial	Desig. ID	Document		
	AQ	PCT Search Report dated 07/23/03		
	AR			
-	AS			
	AT			

Examiner Signature	Date Considered
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EXAMINER: Initials citation considered. Draw line thi	rough citation if not in conformance and not considered. Include copy of this form with
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